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CASES FROM MY NOTE-BOOK.

BY WALTER CHANNING, M.D.

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CAULIFLOWER EXCRESCENCE.

SOME time since, a case of this disease was published in the JOURNAL, with the result of the operation performed by me. The operation succeeded, inasmuch as the disease did not reappear. Mrs. — was a music teacher, giving lessons in town and country, and prosecuting her business by rail and by walking, continuing it for several months. At length, deep-seated pain attacked the right hip. It rapidly increased, with great swelling of the whole hip. The thigh and leg were soon involved in the disease, swelling enormously, and attended by pain I scarcely have seen equalled. Mrs. — was of strong will, and very rarely gave utterance to her agony. She died, and examination showed extensive and destructive disease of the ilium, by which it was perforated, and the soft parts upon the dorsum, and fossa of the bone, were deeply involved in the disease. The confusion of the parts was so complete that they could not be distinguished.

CASE II.—Mrs. —, aged about 40, was first seen by me (in consultation) in December, 1859. She had been unwell for several months, the symptoms of her disease being hæmorrhages, severest during the catamenia; and in their intervals, large watery discharges. There was no pain. Examination discovered a tumor surrounding the os uteri, not large, and insensible. It was without pedicle, springing directly from the os. Much hæmorrhage accompanied and followed the examination, which was made by speculum and finger. The flow was stopped by plugging.

Mrs. — was asked concerning the diseases of her family. Her mother died of a disease of the heart. The treatment consisted of astringents, applied directly to the tumor. Among them was the perchloride of iron, which was very effectual. There was

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one effect from it which troubled her. It destroyed the *diseased* surface with which it came in contact. This rapidly decomposed, producing a most offensive smell, and quite its own, in character, and making the whole condition of the patient as uncomfortable as it well could be. Anæmia was strongly declared when I first saw her. And to remedy this, the tincture of the mur. fer. was taken, and with much benefit. The strength returned, hæmorrhage and watery flow diminished, and Mrs. — left her bed, and walked about her room and house.

The tumor grew, and rapidly; assuming an irregular, conical form, and at length nearly filling the vagina. Its base was at top, and this came at last to occupy the whole of the *cul de sac*. Hæmorrhage gradually diminished, and color came to the lips. The pulse got tone and fulness, and notwithstanding the watery discharge which continued, the general condition was clearly improved. Some weeks having passed without any flow—the catamenia having missed a period without disturbance—it was agreed to remove the tumor by ligature. Upon careful examination, the base was found to be of the size of the wrist—the mass in places alternately soft and hard, and still irregular in outline. The operation was done the middle of June. Upon drawing the ligature, it was found to cut into the mass very readily and *without pain*, until a certain point was reached, when so much pain was felt that the ligature was secured. There was no hæmorrhage, nor did any occur from that moment. Some watery flow was noticed for a few days, when that ceased entirely. The ligature was drawn daily, and as far as borne. Pain came from the drag upon the *womb*. There was a remarkable difference between this patient, and that alluded to above, as while the first begged us to draw without regard to her suffering, the latter emphatically called upon us to stop as soon as pain was felt. At length, about the twentieth day from the application of the ligature, there was no farther rendering of it, though pain continued to be felt. Upon examination, the tumor was no longer to be found. It was gone, but a shred of the tumor remained in the loop of the canula. The instrument was now twisted round slowly, and came away, bringing with it a bit of the tumor, perfectly fresh, and about the size of a small very flat almond. Examination discovered the os uteri smooth, soft, with some irregularity of outline, in one spot, but whether from remains of the tumor it was not easy to decide. One fact is of special interest—the almost total absence of odor, which is so noticeable, so intolerable when a polypus has been strangulated. There was some slightly colored discharge which was offensive from the perchloride, without the characteristics of decomposition. And now, what had become of the large outgrowth which had filled the cavity of the pelvis? I do not know. And who knows what becomes of it (so large and so hard as for months, nay, years, as it has been) when death happens from the disease? Most careful post-mortuary examinations show

only a small, loose, shreddy mass—the trifling *débris* of what before death was so large, and from which such wasting discharges have proceeded. It will be recollected that the deep cutting into the tumor by the ligature produced no hæmorrhage.

RETROFLEXIO UTERI, WITH PREGNANCY.

CASE III.—I was desired to see Mrs. —, newly married, on account of obstruction of the vagina, allowing only the slightest intercourse. The os uteri was found within a short inch of the os externum, exactly central, and not rising when such pressure upwards as was thought safe, and which was very painful, was made. The cervix seemed, and was, unusually long. In the hollow of the sacrum was the body of the womb—its anterior face, its fundus, being strongly pressed up, on or against the sacrum.

It was learned that there had been no dysmenorrhœa, nor deficiency in the monthly flow, nor leucorrhœa. Pain was in the lower part of the back, especially after much exercise, with sense of weariness—constipation, with straining; and bleeding accompanied defæcation. There had been no dysuria, for the os and cervix did not touch the urethra—these hanging, as it were, just in the perpendicular of the vagina. Palpitation, with very distressing dyspnœa, and accompanying headache, had long been experienced, and especially on ascending stairs, and other heights, or after much exercise. The heart troubles had produced distress and anxiety, as Mrs. —'s father had died of diseased heart. Very thorough and frequent examination of the heart by her former medical attendant—and he, one of the foremost of his profession—had discovered no organic cardiac disease, but a case of "nervous heart" only, so well described by Hope and others. Chalybeates, Blaneard's pills, &c. &c., had been fully employed, but with little relief. Her general appearance was healthful. The hands and feet were, for the most part, cold. For the hysteric condition of Mrs. —, I prescribed the mixture of carbonate of ammonia and camphor water, so strongly recommended by Roberton, of Manchester, Eng., with whom I had the great pleasure to be a guest when last in England, and who gave me his excellent work, entitled "Physiology and Diseases of Women, and Midwifery"—published in 1851, and which I am surprised has not been reprinted in America.

I attempted to reduce the womb in this case. After a few attempts, made after intervals of a few days, I succeeded. But, as most frequently happens, retroflexion would return. There was, however, decided relief in the back, and the bowels were easily moved—an orange or two eaten before breakfast being the only *medicine* taken. A catamenial period was missed; then another. I inquired for the signs of pregnancy; but none were forthcoming. A third period failed. The breasts were examined, and strongly-marked areolæ and very enlarged follicles were apparent, and enlargement of the breasts as declared by Mrs. —; and an important question

was settled. But a very important change had occurred in the womb. The fundus had risen, and about the close of the third month it was at the brim of the pelvis, the os uteri looking strongly towards the hollow of the sacrum. Along with this change in the place of the womb, quite important changes have occurred in the general state of the former patient. There have been no paroxysms of heart disease, and this notwithstanding apparently sufficient cause of such disturbance—such, for instance, as running to reach a car about to move, long walks, &c.

This is the first case of retroflexion complicated with pregnancy, and unaccompanied with dysmenorrhœa, which I have met with. Dysmenorrhœa has been an almost constant attendant on this not uncommon uterine dislocation. May it not have been congenital? Mrs. — is under 20, and has been more or less an invalid for years. May not this general disturbance, *malaise*, have been the result of the retroflexion? The persistence of this dislocation has been referred to. I remember a young woman, who died of a disease now forgotten, in whom retroflexion existed in a remarkable degree—the angle made by the contact of the body with the cervix uteri, was as sharp as it well could be. I removed the womb, and for many years showed it to my midwifery classes. I would make the womb perfectly straight, and hold it so. As soon as the force which did this was removed, it sprung to as suddenly and as closely as if by a strong spring. With how much more force would this happen in the living womb?

In examining cases of obscure disease in the female, even where the uterine system seems but slightly disturbed, is it not our duty to ascertain by actual examination what is the state of the womb? If, as Hippocrates says, a woman is only one because of the womb, is it not very important that in all chronic, especially obscure diseases, we should learn what is the condition of that organ which makes her just what she is?

CASE IV.—J. D., aged 50, was exposed to rain and cold June 19th, 1860. He got wet and chilled, and, on Wednesday, was not well; was seen by his physician, and again on Thursday. I was asked to meet my friend, Dr. Dale, on Friday, in consultation. The following was his state: Countenance sunken; lies on his back, legs strongly flexed; cannot move, for pain; spits up constantly a brown-colored watery fluid, which rises in the mouth, without vomiting effort; surface irregularly hot and cool, moist and dry; tongue moist and clean, a common condition when kept wet by drinks, and their regurgitation; pulse 120; thirst intense; cannot live if denied iced water. Abdomen enormously distended—hard, tight, and yields not at all to pressure, where pressure is best borne. Skin mottled, blue, and a dirty yellow. The blue spots resembled exactly purpura, and are evidently the consequence of forced detention of blood in the veins and effusion into the neighboring tissue, and this by the great distension. Sharp, quick resonance on percus-

sion, notwithstanding the apparent thickness and certain solidity of the integuments. In left iliac region, exquisite pain on pressure (typhlitis?), and greater firmness than elsewhere, as if a tumor were there. This pain, or intense soreness, occupied the whole cœcal region, and was not felt elsewhere till next day, when a similar, but less declared suffering was felt on pressure at and around the umbilicus. The greatest intumescence was over the seat of the arch of the colon, and here the integuments were less thick, hard—or yielded most, and gave more distinctly tympanitic resonance.

What to be done? How diminish present distress, or distension? A rectum tube was passed, and a little wind, and less thin watery fecal matter followed. An enema of spirits of turpentine, with gruel as a vehicle, was given. Much wind and more liquid feces were one result, and some relief another. But the last was short—the iliac suffering was soon as great as before, and that sort of inexpressible anxiety which so commonly attends inflammation of the bowels, still marked the case. His desire for ice, and ice cold water, was intense. He said he must have them, for his stomach was burning hot, as in yellow fever and Asiatic cholera.

The dark, brown-colored fluid from the mouth soon became perfectly black, resembling exactly the *black vomit* of yellow fever, which I saw in that fever which occurred on board the ship *Ten Brothers* many years ago, and in the two summers I was in Philadelphia as a medical student. I have seen the same thing in one case of puerperal fever. It occurred in a young lady as a symptom of the fever in its most malignant form. At the close of the disease, the black stream from the mouth was constant, and of which the patient was apparently not conscious. It was in almost fearful contrast with the marble-white skin of the face and neck. This, with other cases, occurred in the practice of *one* physician, and extended from Snow Hill St., Boston, to the crossing of the Providence Railway in Roxbury. I saw many of these cases with Dr. —, and advised him to absent himself from the city, which he did for many weeks. The cases he left came under my care, but the disease was not communicated to *a single one of my own*. Gooch describes a similar instance. A friend of his told him of this fact in his own practice. His partner's cases did perfectly well. Gooch advised his friend to leave London, and change all his clothes. He did so, and was absent two months. On his return to practice, he called on Gooch again, and with tears in his eyes, says G., said that the very first case of labor he attended was fatal from puerperal fever. The communication of this disease by the medical attendant, and by nurses, was stated by Alexander Gordon, of Aberdeen, in 1794; by Dr. Wm. Hunter, Armstrong, and Lee, &c. &c., all practising physicians and surgeons of great eminence, and whose views deserve entire confidence.

What was now the danger? Cœcal perforation. And how

might this be prevented? 1st, by medicine which would produce positive rest of the bowels, and stop the jerkey eructations. 2d, by medicine which would produce no immediate action of the bowels, but would do so, when departure from means of rest, positive repose—for instance, opium—might be thought safe. We thought these were the indications, and we were at least determined to act upon them. Calomel and opium were selected; and the dose was a pill of three grains of the first, and one grain and a half of the last, to be taken after from two to six hours' intervals, till relief of pain and sleep were experienced, or until the precursory symptoms of salivation appeared. Mercurial ointment and camphor to the abdomen. We felt in what desperate circumstances disease had placed our patient. He did not believe that he could live. The blow had been so sudden and so heavy, that he understood his whole danger. One fact he was deeply impressed by. This was the oppressive weight and enlargement of the abdomen, especially at the epigastrium, and through the whole extent of the arch of the colon. His distress here was declared by constant and heavy sighing.

Much relief followed the treatment. The abdomen lost some of its fulness, hardness, and tenderness. Pressure was better borne. The black regurgitations, which had been constant, were less frequent, and at length ceased entirely. Sighing was less. The pulse fell to 90. Some fulness and redness of the gums occurred. He could lie with his limbs extended, and change his position without suffering. He had occasional and easy sleep. The urine was free and of better color. His skin was warm and moist. He expressed his relief. He thought he should get better. At 12, Sunday night, he had a free and easy stool, and at 6, A.M., Monday, another, with much wind. At our early morning visit, he was so much relieved that I said I should discontinue my visits, and did not see him again. He expressed a strong desire for some champagne, saying that he knew it would make his stomach feel better. It was allowed him. Some bits of ice were directed to be put into a tumbler, and some champagne to be added, of which he was now and then to take a single sip. I learned that he had a second stool on Monday. In the course of the day his mind wandered. His skin grew very yellow. He began to sink, and died calmly in the night. An autopsy could not be obtained.

The termination of this case may be wondered at. There was so much relief in its course as to give promise of recovery. Nothing excessive or sudden happened, in the changes from severe suffering, and most grave symptoms, to comparative ease, and decided amendment. The death-note was in the onset and progress of the disease. Except in most malignant distemper, as cholera and yellow fever, I have, in a long professional life, never seen so much and so grave disease developed in so short a time from the attack. "I shall surely die," was the intuitive, the prophetic de-

claration of the patient on the day of the attack, and it was repeated in each day of his disease but one. The prophecy was fulfilled.

NOTE.—Speaking above of cholera—do indulge me with a digression. Sterne, you know, loved digressions, and who does not love Sterne? I certainly do. “But he was wicked, was not he?” And who, pray, is not? I am pretty well acquainted with *one*, at least, who is. Burns says, you know, “The rigid righteous is a fool.” I do not know whether or no *all* are. But there are many of the order who graze it, as my Lord Bacon has it. But to my digression. Speaking of cholera—“There was a certain king of Bohemia.”

I was called by Dr. — in a case of cholera. The patient was in a dark cellar. Time, evening. The weather hot, damp, steaming. The patient an Irishman. He was blue, skin cold, sodden with the densest sweat. Thirst infinite—stomach burning hot. Pulse hardly perceptible; voice of that shrill huskiness, which, perhaps, more than any other sign, tells the whole story of the disease. Vomiting—purging. “How are you?” asked I. “Very bad,” said the sick one. “And what do you most want?” “Water, your honor—water, wather. They won’t give me none.” I talked with Dr. —. We agreed he should have *wather*. His wife was told to take a bucket hard by, go to a shop opposite, and get a large lump of ice. Then to bring it in, fill it with water, put it on a stand near the bed, and put into it a tin dipper with a long handle, and let her husband drink as much of it as he pleased; and when it was all gone, to get the bucket filled again. “Thank your honor,” dry screamed the sick one—“Long life to your honor.” It almost seemed as if the liquid promise had given something of moistness to that voice of the grave. We also agreed he should take, every half hour, one of the following pills: R. Opii hydrarg. submur., gr. i.; muc. acacia gum, q. s. M. Ft. pil. No. xii.

We called early next morning. “The man was dead?” No such thing. Reaction had occurred. He was warm—skin dry—pulse was returned—voice better. He was a new man—“born again.” What of the night? He drank his *first* and *second* bucket. Vomiting and purging had ceased. He had taken *all* the pills, and *had not lost an atom of power*, but a whole world of *disease*. “But,” our critic of active medicine screams, “it was the iced water which cured him.” But we had not *scraped his tongue* before he began to drink. “A fatal omission! He ought to have died!” screams again our critic of medicine. But the pills? “Their power was in their *number*. Had you given *such* a dose in a *single* pill, it must have been fatal,” screams again our respondent. “The power was an *unit* in your case, and a *one* dose would most assuredly have swamped that.” *Mathematics* is the doctor’s “only wear.” I do not say *motley*, mind. “The number saved him.” He certainly got well.

An army officer in Calcutta was seized with cholera in its severest form. He was *condemned*, and so he determined to go on his own hook, and try to get well. On his table were many boxes of soda powders. He ordered his Coolie to mix one in iced water, and give them to him as often as he vomited them. The Coolie was obedient. Capt. — took many powders. The vomiting ceased, and he recovered. This case, and especially its treatment and result, may have suggested the method in our Gouch St. cellar case. I am quite willing they should go together.

In Lord Byron's life, somewhere, and by somebody, it is said that a person of rank—it may have been, for all I know to the contrary, the Lord himself—was in a galloping consumption, and having a cask of claret to bottle, resolved to bottle it himself, having nothing else special to do but to die. He went down cellar with sealing wax, candle, corks, &c., and began to bottle. The job was long. After a day or two devoted to it, he felt better at the lungs. He coughed less, raised less, slept better, and sweated less. In short, when the claret was all duly corked and sealed, his Lordship was nearly well, and at length entirely recovered. We all know that tar fumes were strongly recommended years ago by Sir Alexander Crichton for consumption, as the workers in ropewalks in Russia never had consumption. I believe this method was tried either in England or America, with what results I do not remember. But if it failed, tar is not sealing wax; and in America, at least, we have no Lords and are not Russians; and so the treatment can hardly be said to have been tried amongst us.

RETENTION OF URINE FROM STRICTURE—PUNCTURE OF BLADDER THROUGH THE RECTUM—RECOVERY.

BY L. H. ANGELL, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MAY 30th, saw M—, aged 68, a brickmaker, of intemperate habits, but of vigorous constitution. Had a violent attack of *mania a potu* three years since, which yielded readily in twelve hours under the use of chloroform, administered both by inhalation and by the stomach, together with a few doses of sulphate of morphia. Since then his habits have been more regular, and the milder stimulants, such as ale and lager beer, have supplanted the more alcoholic beverages. I find him now suffering from severe pain across epigastrium and abdomen, pressing his hands thereon and doubled forward. Tongue slightly coated; not at all feverish. Gave a third of a grain of sulphate morphia, and ordered mustard to abdomen, to be followed by fomentations. Morphia to be repeated if pain does not cease, and when relieved to take infusion of senna and sulphate of magnesia, frequently repeated, to procure evacuations.

31st, A.M.—Passing his house, saw him out of doors. He came to me and said he was entirely relieved of his colic, but he had not voided urine that morning. He now informed me that for thirty years he has suffered from strictures of the urethra, which have rendered his micturition very difficult at times, but he has never been obliged to resort to the catheter. The weather being cool, I advised him to keep within doors, and to take some sweet spirits of nitre, and a warm bath or fomentations over abdomen, and if not relieved to send for me.

In the afternoon I was summoned, and found him unable to void a drop of urine. The bladder was, of course, distended. I made efforts to introduce catheters, both metallic and gum elastic, of different sizes, but without success. He, however, succeeded in voiding a small quantity of urine. The principal obstruction seemed to be in the membranous portion of the urethra, just anterior to the prostate gland, which did not appear to be materially implicated in the difficulty. He was put upon the use of nauseating medicines and opiates, and left for the night.

June 1st and 2d.—About the same. No fever. Good appetite. But little urine in bladder; passes a small quantity every hour or oftener, with considerable straining—altogether more than a pint in the twenty-four hours. Was kept upon nauseating medicines and opiates, with fomentations, hip-bath, &c.

3d.—Summoned early to see him, and found the retention complete, and severe pain and constant straining efforts to urinate. The bladder being considerably distended, I was desirous of relieving him with a catheter if possible, and made several efforts which were unsuccessful. He again voided a few drops of urine, and by the use of the hip-bath he was relieved to some extent. Counsel being requested, Dr. Allaire was summoned. He advised to temporize farther, and make use of nauseating medicines, anodynes, fomentations, &c. In the evening, he had passed about a pint of urine and was more comfortable, but the bladder still contained quite a quantity. Ordered a cathartic of Epsom salts and bi-tartrate of potassa.

4th.—Was summoned at an early hour, and found the retention complete. Dr. A. being present, the patient was bled to syncope, and we made persevering efforts to catheterize, but were completely foiled. The catheter operating but slightly, a second dose was administered, and fomentations, &c., continued. In the evening the cathartic had operated, and efforts were made to overcome the stricture with bougies of different sizes, but without success; yet he passed a few drops of urine. Ten leeches were applied to perinæum, and large opiates given.

5th.—Drs. Allaire and Winslow present. The retention was complete, and the bladder very much distended. Tongue thickly coated. A urinous odor in the room and house. Pulse 80. Thirst urgent. Has slept under the use of the opiates. Chloroform be-

ing administered, patient and persevering efforts were again made to reach the bladder, but still without success. The influence of the anæsthetic having passed off, the patient was informed of the non-success of our efforts, and we then made known to him the only alternative which seemed to afford him any chance for relief, viz., puncture of the bladder, and stated the dangerous character of the operation and the inconveniences liable to result from it. He requested a delay of a few hours, when we again saw him at 2, P.M., and he was anxious for the operation. After being brought partially under the influence of chloroform, at my request Dr. Allaire punctured the bladder through the rectum, by means of a curved trocar, and drew off two and a half quarts of urine with great relief to the patient. The canula was left in the rectum, secured by a T bandage, and opiates with slight astringents administered. 8, P.M.—Pulse 100, sharp and full. Thirst. Tongue dry and thickly coated.

6th.—Has some tenesmus, but has slept well during the night. Has perspired freely. Pulse 108; smaller and softer than last night. Respiration a little hurried. Some tenderness on pressure over the abdomen, and burning sensation in glans penis. He was ordered to take half a grain of calomel with each powder of ipecac and opium, until tenesmus ceased. 6, P.M.—Very much the same, but complains of darting pains through the lower part of the abdomen, which is somewhat tympanitic. Has slept most of the time during the day, and takes diluents freely. Continue treatment, with an addition of two grains of calomel to each powder, which he gets about every three hours.

7th.—Pulse hard and sharp; 92. Had a good night. Bowels distended with flatus, but not tender upon pressure. Has slight darting pains through glans penis. Respiration normal. Lies a part of the time upon his side. Continue treatment. 3, P.M.—Removed the canula. Soon after, he had a large fecal evacuation, the bowels were relieved of flatus, and little tenderness remained. Pulse 88. Relishes nourishment.

8th.—Find him highly elated in consequence of passing about two pints of urine through the urethra. Tongue beginning to clean, and gums slightly touched with mercurials. The calomel was omitted, a grain of opium given, and opiates ordered every four hours with two grains of sulphate of quinine.

9th.—Pulse 100; hard. Bowels tympanitic. Passes urine through the urethra, but too frequently. Has a burning sensation in glans penis. Some fever; tongue dark at the base, and thickly coated. R. Pulv. opii, grs. ij.; pulv. ipecac., grs. ij.; calomel, grs. iv. Misce, div. in chat. No. 2. One to be taken now, and in two hours the other; then follow with R. Pulv. opii, grs. ix.; pulv. ipecac., grs. vj. Misce, div. in chat. No. 6. One every three or four hours.

10th.—Better in every respect. Pulse 88. Abdomen flat.

Tongue appears to be cleaning. Urinates too frequently, but with no difficulty. Continue treatment, and give decoction of *pareira brava* with infusion of *uva ursi*.

From this date he gradually improved under the use of anodynes, mild alteratives, tonics and nourishing diet, so that in two weeks from the time of the operation he was able to walk about. I was summoned to see him June 21st, and found him still under the necessity of rising frequently during the night to void urine, which was loaded with mucus. Upon testing it with litmus paper, it showed a slight alkaline re-action. I immediately put him upon the tincture of the muriate of iron and the decoction of *pareira brava*, and in a short time the urine was clear, and the bladder performed its functions normally. Afterwards he improved more rapidly, and at the present time has nearly regained his usual health. Perhaps I should have remarked that there was not at any time, after the removal of the canula, the slightest inconvenience from the wound in the rectum or any dribbling of urine therefrom.

Aurora, Ill., July 13, 1860.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

MARCH 26th.—*Salivary Calculus.* The specimen was exhibited by Dr. JACKSON, in the name of Mr. Frank D. Beer, a member of the present medical class. The patient, a man 40 years of age, had been under the care of Dr. Hammond Johnson, of Charlotte Town, Prince Edward's Island, and with whom Mr. B. was a pupil. For some months he had had severe neuralgic pain, with a considerable drawing down of the right side of the face; an external swelling then appeared below the lower jaw upon the right side, and it was thought a fistulous opening would form. In about a week, however, this subsided, and a corresponding swelling appeared, internally, about opposite the canine tooth; in a few days the calculus appeared at a small opening, and was readily extracted by the forceps, with an entire relief to the pain, and improvement of the general health, which had previously declined.

The calculus, which was supposed to have formed in the sublingual gland, was equal in bulk to about one third of an inch, and presented the usual appearance of such bodies, excepting the form, which was quite irregular. The chemical composition was, as usual, according to Dr. Bacon, phosphate of lime, with a little carbonate of lime and organic matter.

JUNE 11th.—*Decidua in connection with Menstruation.* Dr. JACKSON showed the organs, in which the gross appearance of the decidua was as well marked as it would ever be seen in a case of tubal pregnancy; confined, of course, to the fundus and body of the organ, which last was not otherwise remarkable. In one of the ovaries quite a large

corpus luteum was seen; the cavity filled with dark coagulated blood, and the yellowish parietes much stained by the same; the peritoneal surface over this body, and almost to its whole extent, had a superficially red and abraded look, but no appearance of rupture of the surface. The patient was 17 years of age, and menstruated regularly. On the 1st of June, the very day upon which the flow was expected, she was suddenly seized with apoplectic symptoms, and died in four hours. Mr. Sidney H. Carney, one of the House-Physicians of the Hospital, examined the body after death, and found a clot of blood, about half an inch in diameter, in the back part of the right hemisphere of the brain, and from Mr. C. Dr. J. received the uterus, with the above history.

JUNE 11th.—*Croup; Tracheotomy; Recovery.* Dr. CABOT reported the following case.

Catherine Driscoll, six years old, residing in Brookline, began to be troubled with slight cough and hoarseness May 12th, after exposure to cold. The symptoms increased, and for several days she had severe dyspnoea. She was at that time under the care of Dr. T. E. Francis, of Brookline, who sent her to the Hospital, May 23d, as she grew rapidly worse. On entrance, there was great dyspnoea, the head was thrown back, the muscles of the neck were rigid, there was occasional slight cough, the tongue was coated, the pulse 132. Dr. CABOT saw her within an hour after her arrival at the Hospital, and, after examination and consultation with Dr. Warren, decided to perform tracheotomy. Ether was administered, and the trachea opened to the extent of four or five rings below the cricoid cartilage. The breathing became immediately quiet. A grain of iodide of potassium was ordered every two hours; an injection into the trachea of fifteen drops of a solution of nitrate of silver, of the strength of a scruple to the ounce of water; steam to be kept up continually in the room, at the temperature of about 85 degrees Fah.; the inner tube to be removed and cleansed every hour; a few drops of warm water to be dropped into the trachea every two hours; beef-tea and porridge for food; six grains of Dover's powder, if necessary.

May 23d.—She had a very comfortable night, and slept about five hours. Very little mucus collected in the tube. Dover's powder not required.

24th.—The child improves. Thus far there has been no false membrane noticed since the operation. The inner tube does not become clogged. The expectoration consists of thick frothy mucus, with sometimes small pieces of tough, tenacious mucus, tinged with blood. Takes her medicine readily. The injection of nitrate of silver causes great irritation and coughing, with violent expulsion of mucus through the tube. Tongue much cleaner; pulse about 100, regular; appetite improving, takes beef-tea and milk-porridge at regular intervals. But very little cough between the injections.

25th.—This morning, immediately after the injection of nitrate of silver, a large piece of what appeared to be genuine false membrane was violently expelled through the tube. It is about an inch and a half in length, of a whitish color, and firm consistence. There are several "arms" attached to it, and the whole is a pretty good cast of the bronchial tube at about the third division. Several smaller pieces also came away. Since the expulsion of membrane, the breathing has become almost natural, and the child appears to be well. Tongue

clean : appetite good ; pulse 110, regular. (The injections to be omitted ; continue to drop a few drops of warm water into the tube, to promote the expulsion of mucus. Patient may have a soft-boiled egg, boiled rice, and gruel.)

27th.—Yesterday, a piece of tough mucus, with several small pieces of false membrane intermixed, was expelled. The child continues well, having but very little cough, and no difficulty of breathing. Tongue clean ; pulse 108, regular, soft ; appetite good ; general appearance much improved. (Iodide of potassium every four hours.)

28th.—Large pustular eruption on face, probably from the iodide. Condition of patient comfortable ; cough slight, and at long intervals.

30th.—This morning both tubes were removed, and during the day the child manifested no bad symptom. She is up and dressed, walking about the room, and apparently as well as before the attack.

June 4th.—The child has continued well since the last report. This morning she went home perfectly well, the result being very satisfactory to all concerned.

Dr. CABOT said, in connection with this case, he would like to draw the attention of gentlemen present to a very useful, and at the same time very simple improvement on the ordinary method of fastening in the tubes, which he has been in the habit of employing for five or six years, viz., to attach a short piece of elastic at each end of the tape, so that a constant, though yielding pressure is applied, which retains the tubes in place with perfect safety, and without the necessity of tying uncomfortably tight.

JUNE 25th.—*Sacculated Pouch just below the Eustachian Valve, as an Anatomical Variety.* Dr. JACKSON showed a portion of the parietes of the heart of an adult, in which such a pouch was seen, large enough to admit the end of the little finger very readily, quite defined, near to the opening of the coronary vein, but anterior to this vessel, having about the same thickness as the neighboring parts, and showing no appearance whatever of diseased action. Dr. J. said that, by a singular coincidence, he had met with a precisely similar case within a week of the time when the above was observed ; having never before seen nor heard of such a formation.

JUNE 25th.—*Mitral Disease ; softening of the Brain ; Peculiar appearances in the Spleen and Kidneys.* Dr. GOULD reported the following case.

A married woman, 35 years of age, entered the Hospital, a few weeks since, under his care. Four or five years ago, she had an attack of pain in the side, accompanied by slight expectoration of blood. This last symptom recurred, to a slight extent, two years afterwards. A few days before her entrance, she had intense headache, with vomiting, followed by hemiplegia of the left side. On entrance, the pupils were largely dilated, the action of the heart was tumultuous, but there was no bellows-murmur. The pulse, which was almost imperceptible at the wrist, was either at 60 or 120, according as it was estimated, as intermitting or reduplicated. Face not distorted. Tongue protruded direct. The patient had much pain in the head, and wakefulness. Leeches relieved the head, but the pupils remained dilated, without peculiarity of vision. After a few days the patient gradually regained motion in the leg, but never in the arm. At length she had increased dyspnoea, with palpitation and pain in the right side, followed by collapse and death.

Autopsy by Dr. Calvin Ellis. The left leg was œdematous.

On removal of the dura mater, the lower and central portion of the right hemisphere presented a peculiarly soft and flaccid appearance, some parts collapsing, while others projected beyond the edge of the bone. In the cortical substance, visible through the membranes, were many irregular whitish points. On incision, the softening proved to extend from the level of the roof of the ventricle to the base, involving the corpus striatum and the optic thalamus of that side. There was apparently a loss of substance, but no well-marked cavity. A little thick reddish fluid was seen, which resembled the lateritious sediment of urine, but most of the softened portion was free from discoloration.

On microscopic examination, there were found fragments of the cerebral substance, numerous minute globules or granules, and large corpuscles filled with minute globules (the so-called inflammation corpuscles).

No excess of fluid in the ventricles. Other portions of the brain normal. No obstructed vessel found.

Decided flattening of the right side of the chest. Almost universal, old and strong adhesions between the pleural surfaces on the right side. A cavity, however, remained at the base, surrounded by thick membrane, upon the inner surface of which were irregular masses of fibrin. Half a pint of serum in the left pleural cavity. The lungs were unusually firm. The right lower lobe was somewhat compressed by the dense membrane surrounding it. Some parts were discolored, as by the effusion of blood, but there was no increase of density as in decided pulmonary apoplexy.

The heart was flaccid, dilated and hypertrophied, the enlargement appearing most marked in the cavities behind the mitral valve. Beneath the internal surface were small ecchymoses. The mitral valve was so much contracted that it admitted only the first joint of the little finger. It was dense, fibrous, but smooth, and not so stiffened as to prevent its closure. Upon the auricular edge were a few soft, recent vegetations. No other valvular disease.

The peritoneal cavity contained a pint of serum. The liver was filled with dark, congested points, which gave it the appearance to which the term "nutmeg" has been applied.

The spleen was firm, and of about the usual size. In the substance were irregular yellow masses, one of which projected beyond the external surface. The largest was not more than three fourths of an inch in thickness. On microscopic examination, small, irregular corpuscles were seen, but nothing which could be considered characteristic of any particular lesion. In the neighborhood of, and continuous with, some of these yellow portions, the substance was of a blackish color, evidently due to the effusion of blood.

In the right kidney were several yellow masses, like those in the spleen.

The stomach contained much blackish liquid. Rather more vascularity than usual of the mucous membrane of the large extremity. The intestines were not opened, but, externally, were normal. Other organs normal.

Dr. Gould remarked that the double pulsation probably arose from the inability of the auricle to empty itself completely by one contraction.

A short time previous to the death of this patient, one was examined who also had *cardiac disease, with the same peculiar lesions of the liver and kidneys.*

On May 31st, a man, 50 years of age, entered the wards of Dr. Gould, with rheumatism, having been attacked three days previous, after exposure to cold and fatigue. He had always enjoyed good health, and had never had a similar attack. The disease had been general, but at the time of his entrance he complained only of pain in the chest and lower extremities. He lived until June 17th. During this time, although there was some dyspnoea, it was never very urgent, nor was the cough generally troublesome. The expectoration was moderate in amount, and consisted of frothy mucus, during the last few days streaked with blood. The only marked physical sign, in connection with the heart, was a prolonged thrill after the first sound.

At the time of the autopsy, the skin was decidedly yellow, and the upper lobe of the left lung was oedematous. Upwards of one ounce of bloody serum or thin blood was found in the pericardium, which was reddened, rough, and without the usual polish. Much calcareous matter in the aortic and mitral valves. One fold of the latter extended upwards in the form of a pouch, into the left auricle. The chordæ tendineæ attached to it appeared to be lengthened. Adherent to the aortic valves and membrane below, was a large, irregular, reddish mass, resembling a firm and partially decolorized coagulum. It was of sufficient size to nearly or quite fill the orifice. Beneath a portion of the lining membrane of the right ventricle, was an irregular ecchymosis of considerable size. Right ventricle, perhaps, dilated. Left ventricle hypertrophied. Weight of the heart $17\frac{1}{2}$ ounces.

Liver large, and of a reddish-brown color. Weight 4 lbs. $10\frac{1}{2}$ ozs. Spleen large; weight 1 lb. 2 ozs. Portions of the substance, of various sizes, were discolored, most of them being yellow, but the largest, between two and three inches in diameter, was of a dark-red color, evidently owing to the effusion of blood.

The left kidney was lighter colored than usual, and coarse. At one part was a bright yellow, wedge-shaped mass of considerable size. A small mass of the same character was seen in the other kidney. On microscopic examination the tubuli were found filled with opaque epithelium or granular matter. The yellow portions presented very much the same appearance, but were perhaps somewhat darker. Brain not examined. Other organs normal.

The symptoms of this case have been briefly reported, as it is wished to call attention particularly to the lesions in the spleen and kidneys, where the yellow masses are found in connection with the recent effusions of blood. A number of years since, Dr. J. B. S. Jackson published an account of similar cases, with remarks, in the Catalogue of the Cabinet of the Boston Society for Medical Improvement, p. 178.

In both of our cases there was disease of the heart of such a nature that the circulation must have been interfered with. In both there were recent effusions of blood, and with them the peculiar masses. It seems probable, therefore, that the latter resulted from changes in blood which had escaped from the vessels at an earlier period. This view is strengthened by the appearances found in a case of laceration of the liver and kidneys, reported at the Medical Improvement Society

Feb. 27th, 1867. Here, the change existed in connection with an injury which had undoubtedly caused an effusion of blood.

JUNE 25th.—*Bright's Disease ; Pulmonary Apoplexy.*—Dr. C. E. Ware reported the case.

Ten days ago, a woman entered the Hospital under his care, with pulmonary apoplexy, œdema, and renal disease. Her health had been generally good up to two months before her entrance, though after a confinement, seven months ago, she had chills, pain in the back, dyspnoea and palpitation. From these symptoms she recovered, and continued well until the present attack, which began with œdema of the face: this increased, and became general. At her entrance she had lividity, dyspnoea and slight cough. The sounds of the heart were distinct at the base, but confused at the apex: there was no bellows-murmur. Below the angle of the left scapula there was a strong sub-crepitant râle, without bronchophony or bronchial respiration. She expectorated daily about an ounce and a half of nearly pure blood. The pulse was excessively feeble. There was no ascites. The urine was slightly albuminous, and contained casts of the uriniferous tubes. She died without coma.

Dr. ELLIS showed the lungs, heart and kidneys.

In the right pleural cavity there were four pints of serum, and in the left half a pint. Old adhesions at the posterior part of the latter. In the posterior part of the right lower lobe was a firm black apoplectic mass, about two inches in diameter, which projected above the surrounding surface. A small portion of the left upper lobe was in somewhat the same condition, but the change was less marked. Lungs elsewhere firm, but healthy.

Two ounces of serum in the pericardium. Upon the anterior face of the right ventricle was a thin, irregular false membrane, and on the opposite surface a fibroid tissue, which appeared as if there had formerly been adhesions at that point. The heart was large and flaccid, as it lay in the chest, distended by recent coagula. Weight $15\frac{1}{2}$ ounces. The opening of the mitral valve admitted the largest part of the forefinger. It appeared to close well. The right side and left auricle were hypertrophied and dilated, while the left ventricle was in its normal condition.

The peritoneum contained twenty ounces of serum. The deep congestion of numerous points in the liver gave it the "nutmeg" appearance.

The cortical substance of the kidneys was of a brownish-red color, and unhealthy in appearance. On microscopic examination, the tubuli were found crowded with granular matter.

The stomach was much distended, and its large extremity softened by the contents. In the cavity of the uterus was a bloody fluid. Two small, recent, black coagula in the ovaries. Other organs normal.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON: THURSDAY, JULY 26, 1860.

MAINE MEDICAL SCHOOL.—It will be remembered that some time since a large bribe was offered to the Medical School of Maine, which was unfortunately accepted, and an act thereby committed which must have the effect of lowering the character of the medical profession. It therefore gives us great pleasure to publish the following communication, which shows that the majority of the physicians of Maine regard the matter in a proper light, and are unwilling to be sold to quackery.

MESSRS. EDITORS,—It would seem due to the medical profession of Maine, that the *Resolution* passed by the Maine Medical Association, at its eighth annual meeting, concerning the Maine Medical School, should be widely promulgated, in order that the stigma of fostering or countenancing quackery, unjustly attached to the Association especially, and the profession in the State generally, by medical gentlemen in remote parts of the country, may be fully and completely removed. Entertaining that view of the subject, I herewith submit the resolve to your consideration, for publication in your valuable and extensively circulated JOURNAL.

HUFELAND.

"Whereas, The Legislature, in granting a half township of land to the Medical School of Maine, inserted into the resolve the following provisions, viz.: That the Legislature may make any necessary regulations for the admission and graduation of students, and that said Institution will receive and graduate *all* students who pass the required examination, without reference to where such students may have studied previous to asking admission to said Institution, or to what mode of practice such students intend to pursue after receiving their diplomas: and as the Trustees of Bowdoin College have accepted said land on said conditions,—therefore

"Resolved, That the members of the Maine Medical Association will not admit students for instruction who propose to attend lectures at the Medical School of Maine, until the conditions in the resolve are so arranged as to leave the control of the School where it was before the above-named resolve was passed."

The introduction of this resolution excited much interest, and was followed by discussions of a very animated and enthusiastic nature, although no special blame was attached to any of the instructors of the institution.

Its adoption was very warmly advocated by many of the physicians present, while it was warmly opposed by the lecturers employed by the Trustees of the Medical School and one or two others personally interested. The vote being taken, was found to correspond with, and confirm the general feeling, which, with a few exceptions, was manifested throughout the discussions—being almost entirely unanimous in favor of the acceptance of the resolution—the persons above referred to voting in the negative. And it was accordingly decided not to receive any students under instruction, who should propose to

tend lectures at the Maine Medical School. And it is hoped that other members of the Association who were not present, and the profession generally throughout the State, will adhere strictly to the terms of this resolution. It is evident that the physicians of this State, and the members of the Association especially, are *awake*, on this subject—and that the decision of the Trustees of Bowdoin College to accept the land on the conditions on which it was granted by the Legislature has met with their disapproval—and also of that of the profession in other States. And unless some satisfactory change is effected through the action of the Committee appointed to confer with the Trustees, it is to be feared that the reputation and prosperity of the Medical School will be seriously and permanently injured.

The discussion of this question occupied the principal part of the forenoon, and the Association adjourned, to meet at Augusta next year—generally pleased with the occurrences and results of the meeting. The meeting was attended with interest throughout, owing, in part, to the nature of the subject that came up for consideration, and also to the opportunity afforded for mutual congratulations and the renewal of friendly feelings with one another.

HARVARD MEDICAL SCHOOL.—The following is a list of the gentlemen who received their medical degrees on the 18th instant, with the subject of their dissertations :—

John Wilson Foye, *Vaccination*.

Thomas Barnes Hitchcock, *Delirium Tremens*.

Frederick Benjamin Adams Lewis, *Bronchocele*.

George Tufton Moffat, *First and Second Dentition*.

Leander Rupert Morse, *Scarlatina*.

Patrick Aloysius O'Connell, *Croup*.

Henry Sylvanus Plympton, *Pneumonia*.

Arthur Ricketson, *Smallpox*.

Francis Codman Ropes, *Fractures of the Lower Extremities*.

Josiah Newell Willard, *Glucohaemia*.

D. HUMPREYS STORER,

July 19th, 1860.

Dean of the Medical Faculty.

BOSTON DISPENSARY.—Whole number of patients for the quarter ending July 1, 1860, 4,401. Central office, 2,210. *Medical Service*—Males, 364; females, 654; children under fifteen years, 512. Total, 1530. *Surgical Service*.—Males, 187; females, 204; children under fifteen, 299. Total, 680. Average daily attendance at Central Office, 62. *Patients at their Homes*.—Whole number during the quarter, 2,191. Males, 298; females, 702; children under fifteen, 1,191. Number remaining at last report, 108. *Results in the Districts*.—Discharged cured or relieved, 2,090; removed to Hospital, 46; died, 84; remaining under treatment, 79; number of cases of midwifery, 27. Whole number of prescriptions, 10,388; average daily number (Sundays excepted), 132 1-3.

GELSEMINUM SEMPERVIRENS IN GONORRHOEA.—Dr. J. Douglass thus concludes a letter published in the *Charleston Medical Journal and Review*:—"About thirty years ago I was called on in my office, by a young man who had been suffering several months with improperly

treated gonorrhœa. One of my pupils begged me to give the case to him, observing that he could cure the most obstinate case in a few days, with the root of Yellow Jessamine. A small handful of the root was put into a junk bottle of whiskey, and the patient ordered, in a day or two, to take a tablespoonful of this mixture night and morning. He took but four doses before he became much alarmed, and called on me, stating that the medicine had destroyed his vision. The symptoms he described correspond precisely with those mentioned by Dr. M. Every symptom of gonorrhœa had disappeared, and the cure was permanent. Since that time I have treated many cases of the same character in a similar manner, with uniform and speedy success.

ETHER FOR NEURALGIA.—Dr. Betbeder, of Bordeaux, on the 17th October, 1859, communicated to the Society of Medicine of that city, a series of observations on several recent cases of most severe neuralgia, in which immediate relief was obtained by a particular kind of affusion of ether on the most painful part. This treatment he has employed for several years, and he believes it to be superior to those methods which are ordinarily used. He pours rather strong doses of ether on the most painful point, from fifteen to thirty or sixty grammes, and retains it there by means of a small square of linen previously applied. This is made to adhere so closely to the skin, that not the smallest fold shall be separated therefrom, the fingers of the assistant holding down the edges and securing the closest adhesion of every part. All the ether poured out is thus held in contact with the skin. Small quantities are poured on the square of linen at intervals of about a minute, to allow each to evaporate. These applications are made on a second and a third spot, if there be so many decidedly painful. In recent neuralgia, Dr. Betbeder states, that he has often succeeded in relieving his patients almost instantaneously, and frequently without any return of the trouble. In neuralgia of long standing the effect is much less certain, but still, in several cases, he has succeeded in effecting a cure.—*Gaz. Heb., from L'Union Medicale de la Gironde.*

RUPTURE OF VARICOSE VEINS IN THE VAGINA DURING LABOR—DEATH.—A stout woman, aged twenty-three, whilst in labor of her first child, was seized with very severe pain during the passage of the head, the presentation being quite normal. The perinæum was suddenly put on the stretch, and gave way in spite of the greatest care used by the accoucheur to prevent its rupture. Soon after the birth of the child, severe hæmorrhage occurred; syncope and convulsions rapidly followed, and in about ten minutes the patient expired. On a post-mortem examination, it was discovered that the varicose veins of the vagina had given way; the uterus was firmly contracted, and contained no blood.—*Berliner Zeitung.*

SOLUTION OF THE PERCHLORIDE OF IRON.—At the suggestion of a friend, we have tried this article, with decided advantage in several cases, when troubled with hæmorrhage from the gum, attendant upon the excavation of decay from cavities running down to or below the necks of the teeth. Applying a small pledget of cotton, saturated with the preparation, to the bleeding surface, the hæmorrhage is completely arrested, and the operation of filling can be effected at once. As this is one of the most powerful astringents in the materia medica,

both when administered externally and internally, it should be had recourse to in profuse hæmorrhage following the extraction of teeth. Several practitioners have already testified to its value under such circumstances.—*Dental Cosmos*.

INTRA-UTERINE FRACTURE OF THE CLAVICLE.—The patient was delivered naturally, after an easy labor, of a good-sized male child, without the attendance of a physician. A few days after, having taken upon herself the task of washing the infant, she detected a projection on the left side, between the shoulder and sternum. Upon an examination, the presence of a perfectly consolidated fracture of the clavicle was ascertained, the apex of the angle of junction pointing upward. From the fact of so short a time having elapsed from the birth of the child, and the complete union at the point of fracture, it was evident that the solution of continuity must have taken place some weeks prior to the completion of pregnancy. The mother had, some three or four weeks before her confinement, received a violent blow in her left side from the edge of a door.—*Dr. WM. B. ATKINSON, in Medical and Surgical Reporter.*

LARGE OVARIAN CYST.—*Dr. Peaslee*, on the 15th ult., removed one hundred and fifteen pounds of fluid from a single ovarian cyst, by tapping. The patient is a young lady twenty years of age, and her circumference before the operation was five feet and one half (sixty-six inches).—*American Medical Monthly.*

EXTRAORDINARY LONGEVITY.—The obituary of the *Times* of Tuesday, June 12th, 1860, contains the names of six persons whose united ages amounted to 547 years, giving an average of ninety-one years and two months to each. There were three male and three females; the youngest was a gentleman aged eighty-six, and the eldest a lady aged one hundred years.—*London Lancet.*

RAILROAD SURGEONS.—On the principal railroads in Bavaria, surgeons are to be appointed, who are to receive a fixed salary, and whose business it is to attend to cases of accident in the trains, and give medical attendance to the employees of the road.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JULY 21st, 1860.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	40	44	84
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	41.8	38.9	80.7
Average corrected to increased population,	92
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Infantum.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.	Dysentery.
12	21	2	2	1	1	0

METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer,	29.940	Highest point of Thermometer,	85°
Highest point of Barometer,	30.182	Lowest point of Thermometer,	62°
Lowest point of Barometer,	29.530	General direction of Wind,	Westerly.
Mean Temperature,	61° 8	Whole am't of Rain in the week	0.517 in.

DIED.—At Worcester, 21st inst., *Dr. Benjamin Heywood*, 39.—At Windsor, Conn., 16th inst., *William Seward Pierson*, M.D., a graduate of Yale College in the class of 1808, and a distinguished physician, 73.

Deaths in Boston for the week ending Saturday noon, July 21st, 84. Males, 40—Females, 44.—Apoplexy, 1—disease of the bowels, 1—ulceration of the bowels, 1—disease of the brain, 1—inflammation of the brain, 2—bronchitis, 1—canker, 1—cholera infantum, 21—cholera morbus, 1—consumption, 12—convulsions, 2—croup, 1—cystitis, 1—debility, 1—diarrhœa, 2—infantile disease, 1—dropsy, 1—dropsy in the head, 2—drowned, 2—epilepsy, 1—scarlet fever, 2—fistula in ano, 1—fracture of the thigh, 2—gastritis, 1—disease of the heart, 2—homicide, 1—intemperance, 2—disease of the liver, 1—congestion of the lungs, 1—inflammation of the lungs, 2—marasmus, 1—measles, 1—meningitis, 1—pleurisy, 1—smallpox, 1—spina bifida, 1—syphilis, 2—teething, 1—unknown, 4.

Under 5 years, 50—between 5 and 20 years, 5—between 20 and 40 years, 17—between 40 and 60 years, 9—above 60 years, 3. Born in the United States, 69—Ireland, 17—other places, 1.

